

Producer Diversification - Only
TAEP COST SHARE APPLICATION 2008-2009

Office Use Only – Date: Postmark or Hand-delivered		STARS:	YES	NO
1. APPLICANT INFORMATION - PLEASE PRINT CLEARLY				
Last Name:	First Name:	Middle Initial:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	<input type="checkbox"/> SR <input type="checkbox"/> JR <input type="checkbox"/> Other
			Social Security Number	
			Federal Tax Identification #	
Farm Name:				
Producer Mailing Address (#1) Street: City: State: TENNESSEE Zip:		Home Phone #: Cell Phone #: E-mail Address:		
2. PREMISES INFORMATION				
Premises Acct #:	Premises ID #:	Farm Address (#2) – physical location of operation <input type="checkbox"/> Same as mailing address listed above		
➤ Applicants with livestock on their premises must register their premises with the State of Tennessee to be eligible for cost share. ➤ Applicant name must match premises account to be eligible. ➤ Only one application per premises per household allowed each fiscal year.		Street: City: State: TENNESSEE Zip:		
		County where farm is located:		
3. Industry Sector – Check sectors that apply to your cost share request ONLY.				
<input type="checkbox"/> Agritourism <input type="checkbox"/> Aquaculture <input type="checkbox"/> Bees <input type="checkbox"/> Fruits & Vegetables <input type="checkbox"/> Horticulture <input type="checkbox"/> Organics <input type="checkbox"/> Value-added Products <input type="checkbox"/> Viticulture				
4. Priority Areas – Special Requirements for 50% Cost Share				
Agritourism	Must have attended one of the following TDA/UT sponsored events. Check those attended.			
	Agritourism Conference <input type="checkbox"/> 2005 <input type="checkbox"/> 2007 <input type="checkbox"/> 2008		Agritourism Workshops <input type="checkbox"/> 2006 <input type="checkbox"/> 2007 <input type="checkbox"/> 2008	
Bees	Completion of UT Master Bee course prior to reimbursement deadline. Submit copy of course certificate. Check one: <input type="checkbox"/> Year Completed () <input type="checkbox"/> Plan to attend <input type="checkbox"/> Not participating			
Organics	Must be USDA certified or working towards certification to quality. List name and phone number of certifying organization below: 1. Name 2. Phone Number: () 3. Attach copy of certification or letter from certifying organization verifying that you are working towards certification.			
Viticulture	Applies only to the purchase of the varieties of grapes listed below and trellis materials needed for planting these specific varieties. <input type="checkbox"/> Cabernet Sauvignon <input type="checkbox"/> Chardonel <input type="checkbox"/> Chardonnay <input type="checkbox"/> Concord <input type="checkbox"/> Seyval <input type="checkbox"/> Sunbelt <input type="checkbox"/> Traminette			
- CONTINUED -				

5. APPLICATION PROPOSAL – Questionnaire & Budget

Provide a typed application proposal addressing each of the following questions in the outline format presented below. If item is not applicable to your operation, write n/a (not applicable). This is the primary information that the selection committee will review in their efforts to decide which proposals are funded. Therefore, it is important to answer questions completely. Maximum of 5 pages in length. Incomplete applications will not be considered for evaluation.

1) Briefly describe your operation.

- Industry sector/type of business
- Years in business
- Number of employees - full, part-time, seasonal
- Acreage in production
- Sales volume – based on sales last year (2007)
- Types of products produced – currently and previously
- Indicate any expansions or downsizing – recent, present, future

2) Have you applied for TAEP cost share funding previously?

- Program name (Cattle Equipment/Genetics, Feed Storage, Hay Storage, Producer Diversification)
- Fiscal year (05-06, 06-07, 07-08)
- Brief description of project
- Amount approved
- Amount paid

3) Describe your proposed cost share project(s)

- List each proposed project (i.e., greenhouse, retail shelter, sprayer, website)
- List the projected increase in annual sales/income generated for the next three years as a result of your project(s)
- Explain how each project will improve or expand your operation
- Indicate whether you had help in planning this project from a county extension agent, industry expert, specialized group or association. List key individuals and their titles.

4) Outline the steps and time frame for completing your cost share project(s)

5) Summarize your marketing plan for your diversified agricultural products

- List how and where your products are or will be sold
- Specify marketing activities that are currently utilized in your operation (i.e., auctions/organized sales, brochures, e-commerce, print media, radio, signs, television, website, etc.)

6) Provide a detailed, line-item budget for each proposed project using the sample format presented below.

Research all costs associated with project(s). List each item and its cost on a separate line. Provide either the source of the cost quote with a phone number or attach a written cost estimate. Written cost estimates are required if projects are: large scale (i.e., greenhouse, retail shelter, restrooms), include many components (i.e., drip irrigation system), or involve labor. In order to be eligible for cost share reimbursement, labor must be quoted and performed by a contractor. Labor is not eligible for reimbursement if performed by the applicant or their employees. Applicant must meet special requirements for priority cost (50%) to be eligible. **The total amount of cost share requested cannot exceed the maximum of \$10,000 (35%) or \$15,000 (50%). Minimum request amount is \$250.00.**

Item Description	Source of Cost Quote	Cost	Cost Share %	Cost Share Request
Greenhouse 16 x 95	See attached written cost estimate	\$7,800.00	35%	\$2,730.00
Sign – vinyl banner	FedExKinko's 615-771-7999	\$225.00	50%	\$112.50
Total Amount of Cost Share Requested:				\$2,842.50

6. TOTAL COST SHARE REQUESTED

I certify that all the information on this application is complete, true, and factual to the best of my knowledge and belief. I understand that providing any false, fraudulent, or misleading information may result in penalties and/or make this farm/tract ineligible to participate in present and/or future Tennessee Department of Agriculture programs. I also understand that failure to utilize allocated funds can affect eligibility for future programs.

Total Amount Requested

\$

\$250 Minimum Request

SIGN HERE

X _____
Producer Signature

Print Name

Date

NO FAXES ACCEPTED

Mail TN Dept. of Agriculture
to: Attn: TAEP FY08-09
P.O. Box 40627
Nashville, TN 37204

Applications must be hand-delivered or postmarked between June 2 – August 1, 2008.

REQUIRED FOR APPLICATION APPROVAL

SUBSTITUTE W-9 FORM

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1. Please complete general information:

Taxpayer Name _____ Phone Number _____

Business Name (if applicable) _____

Address _____

City _____ State _____ ZIP Code _____

Reimbursement check will be mailed to this address.

2. Circle the most appropriate category below: (please circle only one)

- 1) Individual (not an actual business)
- 2) Joint account (two or more individuals)
- 3) Custodian account of a minor
- 4)
 - a. Revocable savings trust (grantor is also trustee)
 - b. So-called trust account that is not a legal or valid trust under state law
- 5) Sole proprietorship (using a social security number for the taxpayer ID)
- 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
- 7) A valid trust, estate, or pension trust
- 8) Corporation
- 9) Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
- 10) Partnership
- 11) A broker or registered nominee
- 12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
- 13) Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)

3. Fill in your taxpayer identification number below: (please complete only one)

- 1) If you circled number 1-5 above, fill in your Social Security Number.

____ - ____ - ____

- 2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).

____ - ____

4. Sign and date the form:

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature _____ Date _____

Title (if applicable) _____

Application Checklist

- ☐ **Do you meet the eligibility requirements?**
- ☐ **Do you have your Premises ID?** *This is a requirement for applicants with livestock. Applicant's name must match the name listed on premises account to be eligible for cost share.*
- ☐ **Do you have the demonstrated ability and financial capacity to complete the project(s) you have requested cost share for?** *(Failure to utilize allocated funds can affect eligibility for future program participation.)*
- ☐ **Have you completed all sections of the application?** *It is very important to fill in all blanks and check the appropriate boxes when requested. Incomplete answers will result in no allocation.*
- ☐ **Did you sign your application?**
- ☐ **I understand that I can only submit one application per fiscal year for Livestock Equipment, Livestock Feed Storage, Genetics, Hay Storage and Grain Storage (pages 11-12) and one application for Producer Diversification (pages 13-14).**
- ☐ **Did you sign and include Substitute W-9?** *Cost share reimbursement will be mailed to address listed on W-9.*
- ☐ **Did you include a project budget with cost quotes, including the source of the quote(s) and contact information, with your application?** *Livestock Feed Storage, Hay Storage, and Grain Storage programs REQUIRE a project budget to be submitted along with the application. This budget will determine the exact amount of cost share allocated for the project. Producer Diversification applicants must complete application proposal which requests similar information.*

Sample Format

Item Description	Source of Cost Quote	Cost	Cost Share%	Cost Share Request
60x40x16 Pole Barn w/ 2 side walls	Chick's Custom Construction 931-020-1001 *See attached written cost estimate	\$12,500.00	35%	\$4,375.00
Gravel — 5 loads	Davidson Stone Co. 615-000-2222	\$625.00	35%	\$218.75
Total Amount of Cost Share Requested:				\$4,593.75

- ☐ **I understand that the minimum cost share request per program is \$250.00.**
- ☐ **Did you make a copy of your application and support documentation for your reference?**

TAEP Contact Information

livestock.improvement@state.tn.us
hay.storage@state.tn.us
livestock.feedstorage@state.tn.us
grain.storage@state.tn.us
ag.growth@state.tn.us

Tennessee Agricultural Enhancement Program
Tennessee Department of Agriculture
Ellington Agricultural Center
P.O. Box 40627
Nashville, TN 37204

Information Line
1.800.342.8206

